Check	#	
CHUCK	TT	



## South Pasadena Council PTA Payment Authorization Form

Date:					
Pay To:					
Address:					
	Street	City	State	Zip	
Contact Inf	formation:				
	Phone Number		E-mail		
Descripti	on of Expense(s):				
Committee	e, Event:				
Requested	l by:				
Please list	expenses below:				
Receipt Date	Name of Store/Vendor	Description of	Purchases	Amount	
			Total requeste	d	
	Please attach ORIGINAL supp	orting receipts/invoices to	o the back of this form.		
	Fo	or Treasurer's Use	ē ē		
	President's Signature		Secretary's Signature		
Amount of	check:	Check #:		_	
Budget Lir	ne Item:	Date P			
	ce Attached ☐ Receipt Atta				

Please make a copy for your records before submitting to: